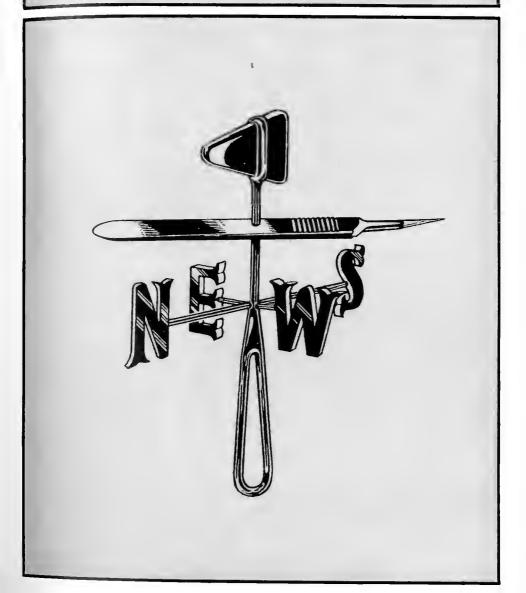
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of the MAHONING COUNTY MEDICAL SOCIETY

Volume LVII

MARCH, 1987

Number 3



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1987 - N	AHONNG CO		Robert B. E		IGS - 1987	
Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	
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## From the Desk of the President



### PRISONER'S DILEMMA

Social scientists have developed a model game for studying behavior. This particular game assumes there are two prisoners in adjacent cells. They cannot talk to each other to plan a strategy to deal with their captor. To study this, two subjects sit on opposite sides of a table. A cardboard divider separates them so that they cannot see each other. On a signal from the referee, they write down a "C" or a "D" on a pad. The "C" stands for cooperation with each other. The "D" stands for defecting to the captor. To provide an incentive each subject is paid money. If both put down a "C", they each get three units. If they both defect and put down a "D", they are paid two units each. Thus they can earn more if they both cooperate. However, if one puts down a "C" and the other puts down a "D", the one who puts down the "C" gets only one unit. The one who puts down the "D" gets four units. Thus it becomes difficult to put down a "C". The test is done with 10 or 20 rounds. At the end, if both players cooperate, they can each earn the most money. However, every time one puts down a "C" and the other has put down a "D", the "C" gets the short side. Therefore, both players settle for less and put down "D's". "D" is the safe bet. One gets at least two units and if the other player is dumb enough to cooperate, one gets four units. Since the referee is the one paying out the money, he is happy to see both players settle on "D".

Sets of players who switch from "D's" to "C's" early were able to accumulate the most money. I do not have enough space here to describe how they decided to make the switch.

Now re-read the above and in place of cooperate for "C" use the word "non-participation" and for "D" for defect use the word "participation". In place of referee use Medicare. This model can be used for many situations. We can substitute nuclear arms limitation for "C" and nuclear escalation for "D".

We have been playing this game for quite some time. Only we did not know we were playing it. Now that we know that in the long run cooperation pays off best, each of us can make his own individual, but informed choice. Do not forget the rules prohibit us from talking to each other to plan a group strategy. Each player has to make his own choice. Of course, it is too late in 1987 to switch from "C" to "D" or "D" to "C". However, 1988 is only nine months away. Save this article and re-read it as 1988 approaches.

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# BULLETIN of the Mahoning County Medical Society

Published Monthly for and by the Members

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MARCH, 1987



Number 3

The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

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MANAGING EDITOR

Robert B. Blake

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### **Editorial:**

### **ELIZABETH BLACKWELL REMEMBERED**

Elizabeth Blackwell was born on February 3, 1821 in England and came to the United States in 1832. She was an avid student and eventually became a teacher. Virtually penniless, she barely earned a living teaching in the Cincinnati area. Her life bored her and she longed for a challenge. Ironically she encountered that challenge one day in 1845 while visiting a friend, Mary Donaldson, a victim of cancer.

In her dying words, her friend encouraged Elizabeth to stop staying on the sidelines. She told her that her compassion, cultivated intelligence, and love of study could best be employed in the expanding role of medicine.

But how to fulfill this improbable dream involved strategy. First she needed the finances, but more importantly she faced the overwhelming task of convincing the conservative lords of medicine that change was indeed in order. To these ends she returned to teaching and by the summer of 1847 had enough money to start medical school. She went to Philadelphia and applied to their four medical schools. She was met with resistance and even scorn in the Victorian world of 1847. Finally, she managed to befriend a leading physician and educator of the time, Dr. Joseph Warrington. Downhearted at her rejected applications to nineteen medical schools, she asked him for advice. He wrote to the Dean of the fledgling Geneva College in central New York State. The dean and his faculty, unwilling to take full responsibility for offending Dr. Warrington, turned the matter over to his students for a vote.

It was a boring October afternoon in 1847 when Dean Charles Lee in-

terrupted his class.

"Gentlemen, I have a most amazing request to bring to your attention. young lady, Elizabeth Blackwell, has applied for acceptance to our medical school." The room silenced. "The faculty, although inclined to reject this application, has decided to let the class vote on the matter." He added that one vote would eliminate her. There was opposition, but liberal heads prevailed. By 1849, Dr. Elizabeth Blackwell had become our nation's first woman doctor.

(Continued on Page 68)

### **Editorial:**

(Continued from Page 67)

It was the start of many campaigns within the medical profession, including a medical college for women and the start of sex education within the profession. Dr. Blackwell died on May 31, 1910, by which time 7,399 women physicians and surgeons had been licensed. Her spirit lived on through their presence.

In talking with my colleagues, I have observed one of medicine's major problems — apathy and non-involvement. History has taught us that sitting on the side, complaining or dreaming of what medicine should be accomplishes little. Rebellion and trying to topple the system from outside also doesn't work. Rather, getting into the political system, and changing the system from within, that's the only way change for the better can be effectively initiated. A bitter lesson of the 1960's.

Let us take a lesson from Dr. Blackwell who did not choose to sit on the sidelines and merely study medicine but through persistence was able to enter the system. Thus, she achieved her own personal goal while coincidentally managing to affect an even broader change — shaping the future of medicine from that time forward.

Tomorrow as we complain while finishing our coffee, argue the role of government intervention at the staff meetings, and berate the general state of medicine at the latest medical dinner, let it be a call to action rather than rhetoric. Remember—only you can prevent the collapse of medicine as it should be — get involved!

Brian S. Gordon, M.D.

### BONE DENSITOMETER

The Dual-Photon Bone Densitometer is state of the art technology that measures trabecular bone mineral content of lumbar spine and the femoral neck. In this area, the technology is being utilized by Dr. Suman Mishr's Osteoporosis Center in Poland.

According to Dr. Mishr, the testing takes about 15 to 20 minutes of the patient's time and requires only a minimum of patient cooperation. It is non-invasive, safe and generally acceptable.

The amount of radiation is up to 10% of the amount of chest x-ray and 1% of a CT scan of lumbar spine. It can be used for a serial follow-up at six to 12 month intervals.

In his announcement of the new-to-this-area technology, Dr. Mishr notes the cost of hip fractures in the U.S. is estimated at over \$7 billion per year year. In Rochester, Minnesota, about 40% of white women have at least one wedge fracture at age 80. The consequences of hip and spine fractures are severe enough to warrant screening, he states.

So far, osteoporosis is not a treatable disease. Bone loss can be effectively slowed and stopped by Estrogen. Adequate calcium intake has a definite role in prevention of osteoporosis, along with moderation in smoking, and caffeine and alcohol intake. Exercise also helps.

Serial bone density measurements in women in post menopausal years can sort out the fast losers and can help monitor treatment. This measurement can encourage younger women to increase calcium intake and do adequate exercise. It can also help define the itiology of patients who develop fractures of the vertebra and femoral neck.

The accuracy of dual photon absorbometry has been confirmed by the American College of physicians, according to Dr. Mishr.

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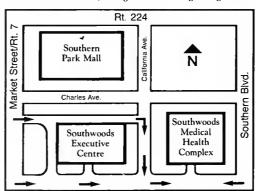


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## ITEMS

### From the Exec's Desk

ROBERT B. BLAKE, Executive Director

The National Council for Senior Citizens has branded the for-profit hospital networks as a "growing danger to our health care system." The NCSC charges the for-profits consider "a hospital as no more than a money-making franchise." Indigent patients are "dumped" on other community hospitals, physicians are enticed to affiliate with promises of exhorbitant incomes, fully furnished and staffed offices and country club memberships. All of this, say the Senior Citizens, make the physician more responsive to the hospital's needs than the patients' medical needs.

Heredity and personal habits have been proven to contribute to longevity, but a report by the National Center of Health Statistics suggests that where you live may also make a difference. Men and women who live in Hawaii have the longest life expectancy of all Americans - 77 years - topping the national average by three years. Washington, D.C. has the shortest average life span - 69.2 years. While experts agree that many factors play a part in the figures, it seems evident that living in a sunny, tropical environment may actually extend your life.

If you've ever tried to banish an unhappy thought or painful emotional experience from your mind, you know how hard it is to stop it from replaying over and over in your head. Those who have studied people recovering from a sudden tragic loss say that the very act of suppressing a thought rehearses what is in your unconscious and makes it more accessible to your conscious mind. Hence it "plays" again and again. The most successful method to control unwished-for thoughts is not to "think of something else" but to become involved in activity that is physically or intellectually demanding.

The San Francisco Examiner reports that Americans spend about \$140 billion a year on medical tests. According to the newspaper, \$30 billion goes for laboratory tests; \$50 billion for other diagnostic procedures; and the remaining \$40 billion for diagnostic medical visits. If the figures are correct, nearly one-half of the nation's total health care bill is spent on medical testing.

A column by Ann Landers listed the following punishments for drunken drivers in countries around the world:

Finland and Sweden: Automatic jail sentence for one year at hard labor. Malaya: The drunken driver is jailed, and if he is married, his wife is put in jail too.

Turkey: Drunken drivers are taken 20 miles out of town by police and forced to walk back under escort.

Bulgaria: For those convicted a second time for drunken driving, the punishment is execution.

El Salvador: Drunken drivers are executed by a firing squad!

1987

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### PROCEEDINGS OF COUNCIL Feb. 10, 1987

The regular meeting of the Mahoning County Medical Society was held Tuesday, Feb. 10, 1987 at the Youngstown Club.

The meeting was called to order at 7 p.m., during dinner to expedite the consideration of communications, by Dr. Barton. The minutes of the January meeting, having been read, were approved.

The treasurer's report included notice that 301 members have paid 1987 dues, a recap of dues receipts to January 31, 1987 and a bills list. A motion was made, seconded and passed to pay each and every bill.

The following applications for membership were presented:

ACTIVE: Freddy H. Koenig, M.D., Demetrios E. Lagoutaris, M.D., James E. Leonelli, M.D.

ASSOCIATE: Vincent W. Vanek, M.D.

The applications were approved and the applicants will become members of the Mahoning County Medical Society in the voted category 15 days after the names are printed in the minutes of the February meeting that are mailed to all members, unless an objection is received in writing by the executive director before that effective date.

### COMMUNICATIONS included:

A thank you from Dr. DeCicco for the honors bestowed at the January meeting of the Society;

Correspondence from OSMA concerning the continued availability of "occurrence" type medical liability insurance coverage to OSMA members;

A memorandum from OSMA concerning a House Resolution opposing physician inclusion in the Medicare DRG program. The matter was discussed and it was decided physicians should personally contact their congressman and request support of House Concurrent Resolution 30. It was proposed that later a letter be sent to the congressman from this district and that a copy of a proposed letter be included with the minutes mailing;

A letter from Sister Susan Schorsten of St. Elizabeth Hospital concern-

ing financial assistance for a physician.

The Mini-Internship committee chairman reported the recently completed program was a huge success and he requested Council approval for a continuation of the program, noting a meeting of the committee is slated for Feb. 17. Council voiced its approval.

The Scholarship Dinner committee reported the event is slated for April

2 and the invitations have been mailed out to 24 area schools.

Dr. Memo reported a contact with the Corydon Palmer Dental Society and a request that consideration be given a joint meeting and golf outing. Council approved the concept and requested it be pursued to fruition.

Sixth District Councilor Dr. Anderson reported on the Presidents' meeting in Canton on January 28 and the mid-Winter Caucus on Feb. 4 in Warren. In Canton, it was noted by the OSMA executive director, Herb Gillen, that the legal department of OSMA will review any agreements for a physician before he signs it and will point out questions that should be answered before signing. OSMA can also negotiate contract conditions, except fees, in most instances. Dr. Anderson noted the Feb. caucus was well attended and stressed the importance of delegate and alternate delegate attendance at the April meeting at Congress Lake and the House of Delegates meeting in Columbus from May 15 through May 17.

A discussion of the Society's welfare fund included the needs of two physicians and an agreement to provide financial assistance to both. One payment will be made to take care of a physician's outstanding medical bill and the other will be made to provide financial assistance to a physician who is stricken with cancer.

Following a lengthy discussion of the practicality of establishing a time limit on Council meetings, it was regularly moved, seconded and passed that Council meetings shall end by 9:30 p.m. unless a specific motion to extend the time is presented and passed. It was suggested that the meetings being opened at 7 p.m., during dinner, and the fore part of the agenda be considered, could also shorten the time of the meeting.

Because of a remodeling project scheduled at the Youngstown Club starting in March, it is necessary to change the location of the Council sessions. The Council left it up to the executive director to arrange for the meeting sites for the March through July Council meetings.

The meeting adjourned at 8:25 p.m

Robert B. Blake Executive Director

### From the Desk of the President

(Continued from Page 66)

Secondary Referrals

Recently many of our members have been complaining about secondary referrals. This occurs when the first doctor to see a patient requests a consultation from a second doctor. After the second doctor sees the patient, he decides that he also needs a consultation from a third doctor. Unless it is an emergency situation and there is no time to get back to the initial doctor, a consultant should not seek consultation from a third doctor without first conferring with the initial referring physician.

G. Robert Barton, M.D.

President

## HAPPY BIRTHDAY

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P. Soleimani

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K. E. Camp

March 22

F. A. Friedrich

March 23 D. J. Limbert

March 24 R. Roland

March 27

R. L. Gilliland C. A. Amedia Ir.

March 29

F. C. Tiberio

### March 30

C. M. Lee F. M. Turocy

March 31

P. B. Cestone E. F. Sabado

April 1 P. E. Krupko

April 4 R. S. Richards

April 5

L. Bloomberg

S. K. Garg B. Dayal

April 6

J. F. Ervin C. F. Ansevin April 8

T. N. Detesco A. C. Costarella

April 9

A. Z. Rabinowitz

April 10

J. J. Anderson J. Mehta R. R. Miller

D. E. Lagoutaris

April 11

R. J. Cuttica

April 12

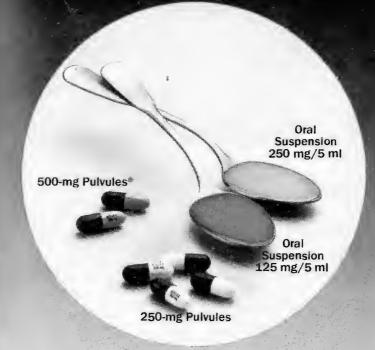
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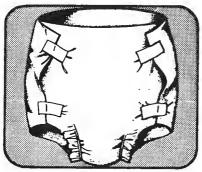
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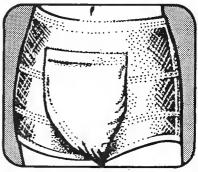
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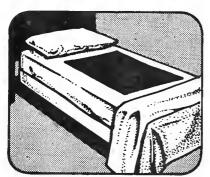
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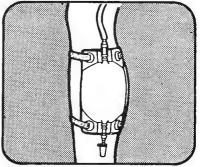
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# From the Bulletin

FIFTY YEARS AGO — MARCH 1937

Paul J. Fuzy was President and devoted his president's message to Medical ethics. After quoting from "Principles of Medical Ethics", he noted "Any, individual, practicing the healing art who cannot exist or subsist without the aid of Printer's Ink has no right to exist in the profession."

Strouss-Hirshberg's were advertising Nettleton Shoes for \$12.50 a pair. Laeri's Apothecary was still in the Home Savings and Loan Building. Lyons

Physician Supply was at 26 Fifth Ave.

### FORTY YEARS AGO — MARCH 1947

Dr. Bill Allsop had an article on the new Lincoln Avenue Hospital, the first hospital in the U.S. owned and operated by Alcoholics Anonymous. It is still operating although the old building has been demolished to make

way for the expansion of Youngstown State University.

A survey conducted by the *Bulletin* showed that most hospitalization plans would pay \$4.50 to \$5.00 a day for semi-private and were limitted to \$35.00 to \$50.00 for the entire stay. The Pioneer Mutual Hospitalization also known as the Youngstown Hospital Agency would pay \$8.00 a day for 42 days, \$10.00 for operating room, \$5.00 for anesthesia, laboratory and drugs and \$10.00 for x-ray. Hospitalization plans have come a long way since then.

New members that month were: Louis Bloomberg, John LaManna,

Stewart Patton, Jr. and Marie Krupko.

### THIRTY YEARS AGO — MARCH 1957

President Ondash said that Youngstown was behind the times not to have a full-time, fully qualified Commissioner of Health under a proper board

of control with a properly regulated health district.

Dr. John Heberding died. He was Youngstown's first Roentgenologist He started as a general practitioner but pioneered in x-ray. At one time he was Roentgenologist for both of our hospitals. He trained Tamarkin and Baker and Ben Brown. His life was devoted to his work; he had no other interest. He was a staunch believer in the independence of professional men from hospital regulation. He left a firm imprint on the progress of roentgenology in this place.

New members that month were: Robert W. Parry, A. W. Geordan, Ben Conrad Berg, Salvatore Squicquero, L. F. Fagnano, Izydor Werbner and Gene D. Fry. All of them have enriched the medical scene in the past thirty years.

### TWENTY YEARS AGO — MARCH 1967

The Medical Society failed to complete important business because of a lack of a quorum. Editor Saadi wrote that the Society showed signs of terminal illness.

President Reese wrote, "Surely you can see that the Society is your sole bulwark against our common foes. It must be a great source of interest and

satisfaction to them to see you slowly destroying yourselves."

Twelve hundred high school teenagers attended a meeting sponsored by the Society at Boardman High School where Dr. Saadi lectured and showed two films on heart surgery.

Jack Schreiber received the Freedom Foundation Award for his series

of lectures on "The Last Candle".

New member that month was: B. Patrick Brucoli, Pediatrician.

### TEN YEARS AGO — MARCH 1977

The "Bulletin" again reminded members of the two-inch by two columns wide ad that was considered proper to announce the opening, closing or partnership change of a doctor's office.

President Jim Anderson was urging doctors to write "dispense as written" on their prescriptions to discourage generic substitutions. Editor Reed Hoffmaster decried the rising cost of medical care brought on by the increased use of laboratory tests to offset the fear of litigation.

Douglas D. Smith of the Ohio State Board of Pharmacy had an article

describing the legal restrictions involved in dispensing drugs from the physician's office. The Practice of Medicine was getting more complicated every

New members that month were: Active — Hira L. Khanna, M.D.

Associate - Ying Amorn, M.D., Sheldon Binder, M.D., Tahir Firdaus, M.D. and Edward McIver, M.D.

Robert R. Fisher, M.D.

M. Maurine Fogarty, M.S., C.C.C.

Joy W. Elder, M.A.

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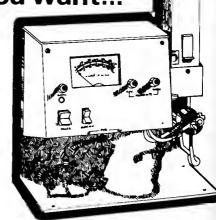
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